

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from

John Doe dba Doe's Limo

RECEIVED
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PSC SC
CLERK'S OFFICE

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2018 - 345 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lakisha Johnson

Telephone: 843-245-2410

Address: 1814 Black Oak Place

Fax: 843-774-0733

Dillon SC 29536

Other:

Email: Kspecial_01@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☒ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other: JP

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED
OCT 23 2018
PSC SC
CLERK'S OFFICE

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 10-31-2018

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Lakisha Johnson DBA, K+W Non-Emergency Transportation
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1844 Black Oak Place Dillon SC 29536
Street Address of Applicant

Same as above
Mailing Address of Applicant (if different from street address)

843-245-2410
Phone

843-774-0733
Fax

kspecial01@yahoo.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	\$5,000.00	Mortgage/Loan on Real Estate	—
Value of Motor Vehicles	\$1,025.00	Loans Owed on Motor Vehicles	—
Cash on Hand	\$250.00	Business/Other Loans Owed	—
Cash in Bank	\$60.00	Other Liabilities or Debts	—
Value of Other Assets and Equipment	—	Total Liabilities	—
Total Assets	\$6,335.00 ✓		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

2:12:52 p.m. 10-31-2018

4

Non Emergency

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$4.00 per mile, per trip

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

[illegible]

INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Lakisha Johnson DBA, K+W Non-Emergency Transportation
Name of Applicant

1844 Black Oak Place Dillon SC 29536
Address of Applicant

Amount of Premium:

Liability Insurance \$ 1,212.90

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	100,000/300,000/100,000
Medical Payments per Person	\$ 1,000	5,000

Safeco

Name of Insurance Company

609 N. Syringa St. Post Falls, ID 83854-6578
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Safeco Insurance

Allstate Mutual Company

POLICY

**FIRST NATIONAL INSURANCE COMPANY OF AMERICA
AUTOMOBILE POLICY DECLARATIONS****NAMED INSURED:**LAKISHA JOHNSON
WILLIE JOHNSON
1844 BLACK OAK PL
DILLON SC 29536-6085**POLICY PERIOD**at 12:01 A.M. standard time at
the address of the insured as
stated herein.**AGENT:**JAMES E DICKINSON INS INC
609 N SYRINGA ST
POST FALLS ID 83854-6518**AGENT TELEPHONE:**
(208) 773-0504**RATED DRIVERS** LAKISHA JOHNSON, WILLIE JOHNSON

2003 CHEVROLET TRAILBLAZER	4 DOOR	ID# 1GND513S732288811
2000 LEXUS LS 400	4 DOOR SEDAN	ID# JT8BH28F0Y0179530

Insurance is afforded only for the coverages for which limits of liability or premium charges are indicated.

COVERAGES	2003 CHEV LIMITS	PREMIUMS	2000 LEXS LIMITS	PREMIUMS
LIABILITY:				
BODILY INJURY	\$100,000 Each Person \$300,000 Each Occurrence	\$ 491.10	\$100,000 Each Person \$300,000 Each Occurrence	\$ 340.40
PROPERTY DAMAGE	\$100,000 Each Occurrence	264.60	\$100,000 Each Occurrence	166.80
MEDICAL PAYMENTS	\$5,000	111.60	\$5,000	72.50
UNINSURED MOTORISTS:				
BODILY INJURY	\$100,000 Each Person \$300,000 Each Accident \$25,000 Each Accident Less \$200 Deductible	76.20	\$100,000 Each Person \$300,000 Each Accident \$25,000 Each Accident Less \$200 Deductible	63.20
PROPERTY DAMAGE	\$25,000 Each Accident Less \$200 Deductible	7.20	\$25,000 Each Accident Less \$200 Deductible	5.10
UNDERINSURED MOTORISTS:				
BODILY INJURY	\$100,000 Each Person \$300,000 Each Accident	215.60	\$100,000 Each Person \$300,000 Each Accident	177.50
PROPERTY DAMAGE		REJECTED		REJECTED
COMPREHENSIVE			Actual Cash Value Less \$500 Deductible	250.60
COLLISION			Actual Cash Value Less \$500 Deductible	176.20
ADDITIONAL COVERAGES:				
LOSS OF USE			\$35 Per Day/\$1050 Max	9.20

-CONTINUED-

P O BOX 515097, LOS ANGELES, CA 90051

1-800-332-3226

DATE PREPARED: APR 17 2018

*** REPRINTED FROM THE ARCHIVE. THE ORIGINAL TRANSACTION MAY INCLUDE ADDITIONAL FORMS ***

Safeco Insurance
A Liberty Mutual Company

POLICY NUMBER _____

FIRST NATIONAL INSURANCE COMPANY OF AMERICA

AUTOMOBILE POLICY DECLARATIONS

(CONTINUED)

COVERAGES	2003 CHEV LIMITS	PREMIUMS	2000 LEXS LIMITS	PREMIUMS
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ADDITIONAL COVERAGES (CONTINUED):

EMER. ASSIST PKG \$ 9.00

ENHANCED COVERAGE LEVEL \$ 46.60 50.00

TOTAL \$ 1,212.90 TOTAL \$ 1,320.50

TOTAL EACH VEHICLE: 2003 CHEV \$ 1,212.90
2000 LEXS 1,320.50

PREMIUM SUMMARY

VEHICLE COVERAGES

DISCOUNTS & SAFECO SAFETY REWARDS

You saved \$1,030.90

PREMIUM

\$ 2,533.40

Included

TOTAL 12 MONTH PREMIUM FOR ALL VEHICLES \$ 2,533.40

You may pay your premium in full or in installments. There is no installment fee for the following billing plans: Full Pay. Installment fees for all other billing plans are listed below. If more than one policy is billed on the installment bill, only the highest fee is charged. The fee is:

- \$2.00 per installment for recurring automatic deduction (EFT)
- \$5.00 per installment for recurring credit card or debit card
- \$5.00 per installment for all other payment methods

YOU SAVED \$1,030.90 BY QUALIFYING FOR THE FOLLOWING DISCOUNTS:

- Advance Quoting
- Accident Free
- Violation Free
- Coverage
- Homeowners
- Multi-Car
- Preferred Payment Method
- Low Mileage

Exhibit Fit, Willing, and Able (FWA)

Lahisha Johnson
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing-for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Non-Emerg.

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10; et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Lafisha Johnson
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Dillon)

SWORN TO BEFORE ME

This 23 day of October, 2018

[Signature]
Notary Public

Commission Expires March 7, 2027

JAMES MICHAEL HAYES
Notary Public
State of South Carolina
My Commission Expires March 7, 2027

Print Application

Schmieding, Janice

From: Schmieding, Janice
Sent: Wednesday, October 31, 2018 9:12 AM
To: 'kspecial_01@yahoo.com'
Subject: Application of Lakisha Johnson d/b/a K & W Transportation for Class C (Taxi) and Class C (Non-Emergency) Certificates
Attachments: Lakisha Johnson.pdf

Lakisha,

Per our conversation, attached are the forms that needs to be completed. I have marked the ones for Non-Emergency and Taxi.

Forms needed for Non-Emergency

Page 3 – Indicate the rates that you will be charging

Insurance quote – need backup info from Safeco plus indicate the amount of the premium cost.

Page 7 – Answer all questions

Form need for Taxi

Insurance Quote – need backup info from Safeco plus indicate the amount of the premium cost.

Once you have completed the items above, please send them back to me so I can start the process.

If you have any questions, please call.

Janice Schmieding, Clerk's Office

janice.schmieding@psc.sc.gov

Public Service Commission of South Carolina
Saluda Building, Suite 100
101 Executive Center Drive
Columbia, South Carolina 29210

(803) 896-5240

(Fax) 803-896-5199

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